# Request for Approval under the "Generic Clearance for the Collection of Routine Customer Feedback" (OMB Control Number: 1880-0542)

**TITLE OF INFORMATION COLLECTION:** RSA National Clearinghouse of Rehabilitation Training Materials (NCRTM) Website Customer Feedback

# **PURPOSE:**

The purpose of the information collection is to 1) assess user satisfaction with the website design and functionality and 2) assess the quality and relevance of site content. We will use the results for continuous improvement.

#### **DESCRIPTION OF RESPONDENTS:**

Respondents will include visitors to the website. The target audience is anyone interested in learning about vocational rehabilitation and sign language interpreter education. Likely visitors include RSA grantees; state vocational rehabilitation professionals; rehabilitation and interpreter educators and students; rehabilitation and interpreting service providers and researchers; individuals with disabilities; and employers.

| TYPE OF COLLECTION: (Check one)                                                              |                                                                 |
|----------------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| [ ] Customer Comment Card/Complaint Form<br>[ ] Usability Testing (e.g., Website or Software | [ X] Customer Satisfaction Survey<br>[ ] Small Discussion Group |
| [] Focus Group                                                                               | [ ] Other:                                                      |

## **CERTIFICATION:**

I certify the following to be true:

- 1. The collection is voluntary.
- 2. The collection is low-burden for respondents and low-cost for the Federal Government.
- 3. The collection is non-controversial and does <u>not</u> raise issues of concern to other federal agencies.
- 4. The results are not intended to be disseminated to the public.
- 5. Information gathered will not be used for the purpose of <u>substantially</u> informing <u>influential</u> policy decisions.
- 6. The collection is targeted to the solicitation of opinions from respondents who have experience with the program or may have experience with the program in the future.

Name: Kristen Rhinehart-Fernandez, Program Specialist; OSERS/RSA; Kristen.Rhinehart@ed.gov; (t) 202-245-6103

To assist review, please provide answers to the following question:

### **Personally Identifiable Information:**

- 1. Is personally identifiable information (PII) collected? [X] Yes [] No
- 2. If Yes, is the information that will be collected included in records that are subject to the Privacy Act of 1974? [ ] Yes [ X] No
- 3. If Applicable, has a System or Records Notice been published? [ ] Yes [ X ] No **Gifts or Payments:**

Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants? [ ] Yes [X ] No

### **BURDEN HOURS**

| Category of Respondent                   | No. of<br>Respondents | Participation<br>Time | Burden |
|------------------------------------------|-----------------------|-----------------------|--------|
| Individuals or Households (20 per month) | 240                   | 5 minutes             | 20     |
|                                          |                       |                       |        |
| Totals                                   | 240                   | 5 minutes             | 20     |

**FEDERAL COST:** The estimated annual cost to the Federal government is \$1540.00.

<u>If you are conducting a focus group, survey, or plan to employ statistical methods, please provide answers to the following questions:</u>

# The selection of your targeted respondents

1. Do you have a customer list or something similar that defines the universe of potential respondents and do you have a sampling plan for selecting from this universe?

[] Yes [X] No

If the answer is yes, please provide a description of both below (or attach the sampling plan)? If the answer is no, please provide a description of how you plan to identify your potential group of respondents and how you will select them?

NA

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1. How will you collect the information? (Check all that apply) [ X ] Web-based or other forms of Social Media

|    | [ ] Telephone                                                                              |
|----|--------------------------------------------------------------------------------------------|
|    | [ ] In-person                                                                              |
|    | [ ] Mail                                                                                   |
|    | [ ] Other, Explain                                                                         |
| 2. | Will interviewers or facilitators be used? [ ] Yes [ X ] No                                |
|    | ase make sure that all instruments, instructions, and scripts are submitted with the uest. |
| -  | e appended.                                                                                |